

**Physical Improvement Funding Application
2006 Community Development Block Grant Program**

PROJECT SUMMARY

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	Amount Requested:
Is this program: <input type="checkbox"/> Existing <input type="checkbox"/> New to CDBG <input type="checkbox"/> Pilot	
Use of funds: <input type="checkbox"/> Physical Improvement <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Facility Improvement <input type="checkbox"/> Economic Development	

PROJECT DESCRIPTION

Give the project location and describe the scope of the project.

COMMUNITY DEVELOPMENT BLOCK GRANT PHYSICAL IMPROVEMENT PROPOSAL FORM

NATIONAL OBJECTIVE, PROJECT ELIGIBILITY AND BENEFIT

- A) All projects must meet one of the National Objectives and continue to meet that objective for five years after the project closeout. Recorded liens may be attached to all real property to ensure that the National Objectives are met and continue to be met for five years. These objectives are: (1) projects where at least 51% of the persons benefiting from the activity are low- and moderate-income city residents; (2) projects which aid in the prevention or elimination of slums and blight; and, (3) projects designed to meet community development needs having a particular urgency. Indicate which objective your project will address and explain how this project will meet this objective. **If you think that your project meets either (2) aid in the prevention or elimination of slums and blight or (3) meet a community development need having a particular urgency, you must contact Bob Woolford, at 812-349-3580. There are very strict criteria that need to be met to qualify for these objectives.**
- B) Program need: Please describe the community need for this project and how the project fits into the community's long-range planning. Utilizing the Consolidated Plan 2005-2010 for the City of Bloomington, identify the category appropriate for your project and the priority need of this category. Specifically reference the Community Developmental Needs Table. www.bloomington.in.gov/hand.grants.php If applicable, address how your project fits into the anti-poverty strategy (page 124) or other goals and objectives outlined in the Consolidated Plan. Include your organization's capacity to successfully implement this program and why your organization needs financial assistance to implement this program.

- C) How does this project meet the goals and objectives of the City of Bloomington's Consolidated Plan for 2005-2010?
- D) Explain why this project is needed and identify who your project will benefit (target area neighborhoods, homeless, homeowners, low/mod individuals, unemployed or underemployed, etc.). Be specific and quantify the number of persons/households your project will assist or benefit. You will be required to document the number of persons (or households) that benefit from this project, verify that at least 51% of the beneficiaries are income eligible city residents and collect race/ethnic information. If your project involves housing, describe any housing problems that may be unique to your clients.

E) Project Benefit:

- 1) If your project will provide benefit directly to a household or individual, use the following table to indicate the number of very-low and low-moderate income households who have been or will be assisted by this project. Incomes listed are the upper limits.

	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>
<u>Low-Moderate Income</u>	\$20,701 – 33,100	\$23,651 – 37,800	\$26,601 – 42,550	\$29,551 – 47,300	\$31,901 – 51,050
<u>Low Income</u>	\$12,401 - \$20,700	\$14,201 - \$23,650	\$15,951 - \$26,600	\$17,751 - \$29,550	19,151 - \$31,900
<u>Extremely Low Income</u>	\$12,400 or less	\$14,200 or less	\$15,950 or less	\$17,750 or less	\$19,150 or less

How many <i>total</i> clients do you plan to serve in program year 2005?	
a. Of those clients, how many of those clients will be City residents?	
b. Of those clients, how many will be city residents and income eligible?	
c. Of the City clients, how many will be low income (see above chart)?	
d. Of the City clients, how many will be very low income (see above chart)?	
e. Of the City clients, how many will be extremely low income (see above chart)?	
f. Of the City clients, how many will be female head of household (see instructions for definition)?	
g. For housing projects, how many of your clients spend more than 30 % of their gross monthly income on housing?	
h. For housing projects, how many of your clients spend more than 50 % of their gross monthly income on housing?	

2) If your project will provide an area benefit, please list the census tracts and block groups where the project is located. **(For census information contact Bob Woolford 349-3580).**

3) Briefly describe your evaluation methodology for setting benchmarks or goals and measuring the outcome. Fill out the Outcome Measurement Grid with projections for the application. The Outcome Measurement Grid must also be completed at the end of the grant program year, May 31, 2007.

**Community Development Block Grant Application
Outcome Measurements Grid for Fiscal Year 2005**

Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools/Evaluation Process
		Output Objectives	Output Results	Achievement Outcome Objectives	End Results	
<i>Short-term Objectives:</i>						
<i>Long-term Objectives:</i>						

PLANNING AND IMPLEMENTATION

- A) Do you own the property on which the project is to take place?
☐ **YES** ☐ **NO** ☐ **N/A** If you answered **NO**, please explain below.
- B) Is the property currently occupied or will it be occupied between the time this application is submitted and the time the grant is awarded?
☐ **YES** ☐ **NO** ☐ **N/A**

If you answered **YES**, please contact **Bob Woolford at 349-3580**. It is possible the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 may affect your project.

- C) Is the property zoned for your intended use? **(You must verify this information with Tom Micuda 349-3423).** ☐ **YES** ☐ **NO** ☐ **N/A**

1. If you answered **NO**, please explain below.

2. Describe any variances or approvals that may be required by any public board, commission, or council. Give the public approval needed, by whom and the status of the approval (i.e. Plan Commission- zoning change- still need to apply for). **NOTE:** *Any variances or approvals must be obtained prior to any funding being disbursed.*

**COMMUNITY DEVELOPMENT BLOCK GRANT
PHYSICAL IMPROVEMENT PROPOSAL FORM**

- D) Is the property already served by public utilities? **You must verify that this project is served by City of Bloomington Utilities' sanitary sewers and water service with Byron Reinhold 339-1444. If this project involves subdividing a lot, construction of new sidewalks or other improvements within the public rights of way, you may be required to install new storm sewers. CBU's contact for storm water improvements is Jane Fleig at 339-1444.**

☐ YES ☐ NO ☐ N/A If you answered **NO**, please explain the steps necessary to provide public utilities to the site.

- E) Describe any known or suspected environmental problems which may impact your project. **(Consult with Nancy Hiestand 349-3507).** If this project has a residential component or is on the same parcel of land that has a residential structure, HUD's lead based paint regulations may affect your project. If you are required to comply with the lead based paint regulations, explain the necessary steps that must be completed and what work has been completed to date. **(Consult with Mike Arnold 349-3401).**

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- F) Who is responsible for the contract administration, project design, work write-up, etc.? Describe their experience at administering this type of project.

- G) Is the project ready to begin? (i.e., plans in place, specifications written, planning approvals, variances, etc)?
☐ **YES** ☐ **NO** If **NO**, please explain.

- Anticipated Start Date
 - Anticipated Completion Date
- (NOTE: project should be completed by May, 2007)**

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- H) Is the estimated cost of the construction over \$2,000? ☐ **YES** ☐ **NO**

If YES, you must contact Bob Woolford, at 812-349-3580, to see if federal labor and wage rates need to be obtained.

- I) Are other (non-CDBG and non-HOME) funds required to operate and maintain this project after rehab/construction? ☐ **YES** ☐ **NO** ☐ **N/A**

If YES, list the sources, amounts and if you are (S)eeing and/or (R)eceiving funds for operating and maintenance.

SOURCE	AMOUNT	(S) or (R)

- J) As a result of CDBG funding, will the project provide the organization with income (e.g. rental income, sale of real property, sale of merchandise, etc)? ☐ **YES** ☐ **NO** If **YES**, please explain what the income will be used for? If real property is improved or purchased and later resold, will you attach any encumbrances on the deed?
☐ **YES** ☐ **NO** If **YES**, please include a copy of the encumbrances and why they are needed.

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- K) If your agency received CDBG Physical Improvement funding in the past five years, describe the project, the dollar amount received, and the status of the project (completed, ongoing, under construction, etc.).

FINANCIAL

- A) Total estimated project cost: \$_____ (a)
- Total funds available: \$_____ (b)
(List all sources below)
- Amount needed to complete project: \$_____ (c) $a - b = c$
- Amount requested on this application: \$_____

- B) List all funding sources for the project which you are (S)eeking and/or (R)eceiving.

FUNDING SOURCES	FUNDING AMOUNT	(S) or (R)

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- C) Describe any monetary or in-kind contributions to be contributed by your organization, including agency funds or staff or any other organization.
- D) Provide a worksheet that is a line-item estimate of the TOTAL cost of the project, indicating the items and percentages to be covered by CDBG funds. Break out administrative costs. Document the source(s) from which estimates are derived.
- E) Describe what portion(s) of the project can be completed if partial funding is received.